

City of Houston
Injured Employee Checklist for On-The-Job Injury

Name: _____ **Department:** _____

Date of Injury: _____

- ☐ Supervisor completed Employer's First Report of Injury or Illness/TWCC-1 and called Claims Reporting Services (CRS).
- ☐ Supervisor and I reviewed the three-page form *Instructions for Classified Service Worker or Municipal Service Worker Injured on the Job*.
- ☐ I read, initialed, signed, and dated the *Instructions for Classified Service Worker or Municipal Service Worker Injured on the Job*.
- ☐ Supervisor gave me a copy of my signed and dated *Instructions for Classified Service Worker or Municipal Service Worker Injured on the Job* form.
- ☐ Supervisor provided me with several blank copies of Physician's Statements or TWCC-73 Work Status Report Form.
- ☐ Supervisor explained salary continuation and choice of doctors.
- ☐ Supervisor gave me a copy of the **C**ity **O**ccupational **I**njury **N**etwork booklet.
- ☐ Supervisor informed me of the name of the person I am to contact daily if I am losing time because of my injury.
- ☐ I provided my supervisor with a written statement of what happened.